



**AUTOMATIC WITHDRAWAL (ACH) ENROLLMENT FORM  
UTILITY PAYMENTS**

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Account # \_\_\_\_\_

Service Address \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Account Type \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

(Please attach a voided check)

Withdrawals shall be made from the account on the 1<sup>st</sup> day of the month the bill is due.

I hereby authorize the Fort Gratiot Township Treasurer to automatically withdraw from my account identified above, the total amount due on my quarterly utility bills. I authorize the Financial Institution named above to accept such transactions initiated by Fort Gratiot Township. I understand that I can discontinue this payment service at any time by notifying the Fort Gratiot Township Treasurer in writing, 15 days prior to the electronic payment date. I understand that any electronic payments not honored will be charged a \$15 returned item fee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_